

Attorney Docket No. \_\_\_\_\_

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747  
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:  
YOU MUST  
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FOLLOWING

### COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

VITAMIN D ANALOGUES, COMPOSITIONS COMPRISING SAID ANALOGUES AND THEIR USE

Fill in Appropriate

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Information -  
For Use Without  
Specification  
Attached:

The specification was filed on \_\_\_\_\_ as \_\_\_\_\_  
United States Application Number \_\_\_\_\_  
and amended on \_\_\_\_\_ (if applicable) and/or  
the specification was filed on \_\_\_\_\_ as PCT  
International Application Number \_\_\_\_\_; and was  
amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

Insert Priority  
Information:  
(if appropriate)

PA 2002 01608 (Number)	Denmark (Country)	10/23/2002 (Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional  
Application(s):  
(if any)

60/420,783 (Application Number)	24 October 2002 (Filing Date)
_____ (Application Number)	_____ (Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested  
Information:  
(if appropriate)

Country	Application Number	Date of Filing (Month/Day/Year)
_____	_____	_____

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Application(s):  
(if any)

_____ (Application Number)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
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Send Correspondence to:

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Telephone: (703) 205-8000 Facsimile: (703) 205-8050

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FOLLOWING:  
↓

Full Name of First  
or Sole Inventor:  
Insert Name of  
Inventor  
Document is Signed

Insert Residence  
Insert Citizenship

Insert Post Office  
Address

Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME/FAMILY NAME Ernst, Tordal Binderup	INVENTOR'S SIGNATURE <i>Birch Binderup</i>	DATE* May 6th, 2005
Residence (City, State & Country) Ludvig Hegners Allé 8A, DK-2630 Taastrup, Denmark	CITIZENSHIP DK	
MAILING ADDRESS (Complete Street Address including City, State & Country) Ludvig Hegners Allé 8A, DK-2630 Taastrup, Denmark		
GIVEN NAME/FAMILY NAME Kai, Holst Hansen	INVENTOR'S SIGNATURE <i>200</i>	DATE*
Residence (City, State & Country) Lidsøvej 45, DK-2730 Herlev, Denmark	CITIZENSHIP DK	
MAILING ADDRESS (Complete Street Address including City, State & Country) Lidsøvej 45, DK-2730 Herlev, Denmark		
GIVEN NAME/FAMILY NAME Claus, Aage Svensgaard Bretting	INVENTOR'S SIGNATURE <i>300</i>	DATE*
Residence (City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark	CITIZENSHIP DK	
MAILING ADDRESS (Complete Street Address including City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark		
GIVEN NAME/FAMILY NAME Martin, John Calverley	INVENTOR'S SIGNATURE <i>400</i>	DATE*
Residence (City, State & Country) Oktobervej 61, DK-2730 Herlev, Denmark	CITIZENSHIP GB	
MAILING ADDRESS (Complete Street Address including City, State & Country) Oktobervej 61, DK-2730 Herlev, Denmark		
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Residence (City, State & Country)	CITIZENSHIP	
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Full Name of First  
or Sole Inventor:  
Insert Name of  
Inventor  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship

Insert Post Office  
Address

Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME Ernst, Torndal Binderup	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Ludvig Hegners Allé 8A, DK-2630 Taastrup, Denmark		CITIZENSHIP DK
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MAILING ADDRESS (Complete Street Address including City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark		
GIVEN NAME/FAMILY NAME Martin, John Calverley	INVENTOR'S SIGNATURE <i>Martin John Calverley</i>	DATE* <i>18 may 2005</i>
Residence (City, State & Country) Oktobervej 61, DK-2730 Herlev, Denmark		CITIZENSHIP GB
MAILING ADDRESS (Complete Street Address including City, State & Country) Oktobervej 61, DK-2730 Herlev, Denmark		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
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**Prior Foreign Application(s)**

### Priority Claimed

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(if appropriate)**

PA 2002 01608		Denmark	10/23/2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)		(Country)	(Month/Day/Year Filed)	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
(Number)		(Country)	(Month/Day/Year Filed)	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
(Number)		(Country)	(Month/Day/Year Filed)	Yes	No
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(Number)		(Country)	(Month/Day/Year Filed)	Yes	No

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Application(s):  
(if any)**

60/420,783  
(Application Number)                    24 October 2002  
(Filing Date)

(Application Number) \_\_\_\_\_ (Filing Date) \_\_\_\_\_

**Insert Requested  
Information:**

Country	Application Number	Date of Filing (Month/Day/Year)
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Full Name of First  
or Sole Inventor:  
Insert Name of  
Inventor  
Insert Date This  
Document is Signed

Insert Residence  
Insert Citizenship

Insert Post Office  
Address

Full Name of Second  
Inventor, if any:  
see above

Full Name of Third  
Inventor, if any:  
see above

Full Name of Fourth  
Inventor, if any:  
see above

Full Name of Fifth  
Inventor, if any:  
see above

Full Name of Sixth  
Inventor, if any:  
see above

GIVEN NAME/FAMILY NAME Ernst, Torridal Binderup	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Ludvig Hegners Allé 8A, DK-2630 Taastrup, Denmark		CITIZENSHIP DK
MAILING ADDRESS (Complete Street Address including City, State & Country) Ludvig Hegners Allé 8A, DK-2630 Taastrup, Denmark		
GIVEN NAME/FAMILY NAME Kai, Holst Hansen	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Lidsøvej 45, DK-2730 Herlev, Denmark		CITIZENSHIP DK
MAILING ADDRESS (Complete Street Address including City, State & Country) Lidsøvej 45, DK-2730 Herlev, Denmark		
GIVEN NAME/FAMILY NAME Claus, Aage Svensgaard Bretting	INVENTOR'S SIGNATURE <i>Claus Bretting</i>	DATE* <i>11. may 2005</i>
Residence (City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark		CITIZENSHIP DK
MAILING ADDRESS (Complete Street Address including City, State & Country) Smallegade 42, 4.tv, DK-2000 Frederiksberg, Denmark		
GIVEN NAME/FAMILY NAME Martin, John Calverley	INVENTOR'S SIGNATURE	DATE*
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		
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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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